Scoring Documentation for Consumer Reporting
Office of Patient Advocate
IHA 2009 Clinical Domain Measures

Eligible Measures and Medical Groups
The eligible measures consist of the Integrated HealthCare Association (IHA) Pay for Performance initiative's publicly reported Physician Organization clinical domain measures for Reporting Year 2009. A measure must have a denominator of 30 or more patients to be publicly reportable.

These clinical domain measures are reported for approximately 200 physician organizations that participate in the IHA Pay for Performance initiative.

Individual Measure Scoring
All of the performance results are expressed such that a higher score means better performance.

The individual measure scores are calculated as proportional rates using the numerators and denominators that are reported per the P4P measurement requirements.* The measure results are converted to a score using the following formula:

(measure numerator/measure denominator)*100

*See the IHA California Pay for Performance Measurement Year 2008 P4P Manual for measure specifications.

Condition Topic and Summary Performance Scoring

Sixteen (16) measures are aggregated to create the summary performance score. The summary scoring process is a two-step method. In step 1, measures are organized into each of 6 condition topics (Appendix A). A mean score is calculated for each topic by summing the proportional rates for each measure within the topic and dividing by the number of measures.

The medical group must have reportable results for at least half of the eligible measures for a given topic to score that topic. To calculate condition topic scores, for any medical group that has missing data for one or more measures within a given condition topic, an adjusted half-scale rule is applied to adjust for the missing values – this rule is described below. The condition topic measures are equally weighted to combine them when calculating a condition topic score. Condition topic scores are produced for the following six topics:

1. Asthma Care
2. Checking for Cancer
3. Chlamydia Screening
4. Diabetes Care
5. Heart Care
6. Treating Children

In step 2, the overall summary score is determined by calculating the grand mean of the 6 condition topic means. Each of the 6 condition topic means is differentially weighted based on the number of measures that comprise a topic (e.g., a topic comprised of 4 measures is weighted twice the value of a topic comprised of 2 measures). The composition of these 6 condition topics is listed in Appendix A. The weight is calculated by determining the proportion of the total measures count (16) that each topic's measures count represents.

A medical group's overall summary indicator score is rounded to the tenths decimal and the performance grade is assigned per the cutpoints and the misclassification adjustment factor.

2009 Specific Scoring Notes

1. The Childhood Immunization measure is calculated as the unweighted average of the MMR and the VZV antigen scores. If one of the two antigen rates is missing the non-missing rate is used to calculate the measure score.

2. The Controlling Blood Sugar Control for Diabetes Patients is reverse-scored (100-score) for public reporting (e.g., higher is better).

3. The Asthma Medication All Ages and Chlamydia Screening All Ages measures are the sum of their respective age cohort numerators and denominators.

4. The distribution of RY2009 scores across the roughly 200 medical groups is used to identify the percentile values that define the performance cutpoints (only the scores of the reportable medical groups are used in constructing the distribution of scores for each measure).

5. The Breast Cancer Screening measure ages 42-69 replaces the prior breast cancer screening measure.

6. Measures being reported for the first time are: Diabetes Blood Sugar Control <8, Children with Pharyngitis, and the three stand-alone measures listed below.

7. Three measures are reported as stand-alone measures and are not included in the 6 condition topic scores or in the overall summary score:

- Low Back Pain Care
- Antibiotic Treatment for Acute Bronchitis
- Monitoring for Persistent Medications

Missing Values

Apply an adjusted half-scale rule. A two-part rule is applied to each medical group that has one or more missing measures:

a) A medical group is eligible for a summary indicator score if it has a minimum of half (50%) of the eligible measures – in 2009, given the set of 16 measures the rule is a minimum of eight (8) measures. This 50% threshold is determined based on the group's reportable condition topics – if the reportable condition topics represent 8 or more measures a summary indicator score is produced for the group.

b) To calculate condition topic scores, for any medical group that has missing data for a given condition topic, apply an adjusted half-scale rule formed by subtracting the all-group mean of each measure from the group's mean for that measure, averaging the differences, and adding the average difference to the all-item grand mean. (The all-item grand mean is constructed by calculating the mean of all of the eligible measures' means; NOT by calculating a mean from all of the individual measure results). See Appendix C for an example of the adjusted half-scale rule.

For the Childhood Immunization measure, if one of these two antigen rates is missing then the non-missing rate is used as a measure to calculate the summary indicator score.

Per Appendix B, a small number of non self-report medical groups report extremely low scores. As has been done in prior years, the scores that fall within the extreme outlier range will be excluded from the scoring given premise that the scores represent deficient information systems not true performance.

Performance Grades

Each medical group is assigned one of four grades to each of the 6 condition topics and to its overall summary result using the Table 1 cutpoints.

The performance thresholds that are used in defining the grade spans are listed in Table 1 below. These cutpoints are based on the distribution of the RY2008 scores for all of the reporting medical groups: the "excellent" cutpoint is set at the 90th percentile score; the "good" cutpoint set at the 50th percentile score and the "fair" cutpoint set at the 25th percentile score. Scores below the 25th percentile are graded "poor".

The cutpoints are calculated by summing the Statewide scores for the respective percentile value for each measure in a given topic. In turn, the measure-specific percentile scores are summed and an average score is calculated for each of the 3 cutpoints for that topic.

Top cutpoint: the 90th percentile California reporting medical groups
Middle cutpoint: 50th percentile California reporting medical groups
Low cutpoint: 25th percentile California reporting medical groups

Table 1: Medical Group Performance Cutpoints RY2009

Topic	Excellent Cutpoint	Good Cutpoint	Fair Cutpoint
Checking for Cancer 3	76	64	55
Chlamydia Screening 1	66	48	38
Treating Children 3	94	79	66
Asthma Care 1	96	93	90
Diabetes Care 6	79	68	55
Heart Care 2	83	76	69
All HEDIS Summary 16	82	71	60

*Scores below the Fair cutpoint are graded "poor"

Special scoring will be used for the Children Physicians Medical Group – an all-pediatric group. The group reports 5 measures (asthma, Chlamydia screening, child immunizations, children with upper respiratory infection and children with pharyngitis). The group's summary indicator is comprised of these 5 measures.

Misclassification Adjustment

Apply a 0.5 point buffer below each of the 3 performance cutpoints – any medical group summary indicator score that falls within the buffer zone is assigned the grade in the next highest category. For example, using a cutpoint of 82, a group whose score is 81.5 would be graded "excellent." A score of 81.4, which is outside of the buffer zone, would be assigned a grade of "good."

Legends to Explain Missing Scores
Four codes are used to explain instances in which a medical group measure is not reported:

1. 6666 = removed as outlier (measure specific)
   Medical group's score was not reported because the score was ruled an outlier given its extreme difference from the all-medical groups' mean score. This will be reported as "No report due to incomplete data" on the OPA website.

2. 9999 = encounter rate threshold not met for any plan (applies to all measures for a group)
   Medical group's score is not reported if the group's encounter rate does not meet the IHA threshold encounter rate. This will be reported as "No report due to incomplete data" on the OPA website.

3. 8888 = denominator <30 (measure specific)
   Medical group score was not reported because the measure's denominator has fewer than 30 patients. This will be reported as "Too few patients to report" on the OPA website.

4. 7777 = did not sign agreement to allow public reporting (applies to all measures for a group)
   Medical group declined to report its results. This will be reported as "Not willing to report" on the OPA website.

Appendix A

Table A. Topics and Weights

Wgt	Composites
1	Asthma Care
	Use of Appropriate Medications for People with Asthma
3	Checking for Cancer
	Cervical Cancer Screening
	Breast Cancer Screening
	Colorectal Cancer Screening
1	Chlamydia
	Chlamydia Screening in Women
6	Diabetes Care
	HbA1c Testing
	HbA1c Poor Control (>9.0%)*
	HbA1c Control (<8.0%) *
	LDL Screening
	LDL Control <100
	Nephropathy Monitoring
2	Heart Care
	LDL Screening for Patients with Cardiovascular Conditions
	LDL Control <100 for Patients wit Cardiovascular Conditions
3	Treating Children
	Childhood Immunization Status—24-Month Continuous Enrollment*
	Appropriate Testing for Children with Pharyngitis
	Appropriate Treatment for Children with Upper Respiratory Infection

*Childhood Immunization measure, if one of these two antigen rates is missing then the non-missing rate is used as a measure to calculate the topic score.

**The two HbA1c control measures are included in composite but only the HbA1c Control <8.0% is reported as an individual measure.

Appendix B

Handling of Extreme Low Outliers

Measures with extreme low outlier scores shall be removed from a medical group's eligible measures set to calculate the summary indicator. These extreme low outliers shall be treated as missing values and the adjusted half-scale rule is applied. In RY 2009, the following outlier designation approach was used:

Table B Outliers

Measures	ID	RY2009 Outlier Status
Breast Cancer Screening	BCSOV	<=0.05
Cervical Cancer Screening	CCS24	<=0.35
Colorectal Cancer Screening	COL	None
Asthma Medications All Ages	ASMOV	None
Cholesterol Screening: cardiovascular	CMCSCR	<=0.10
Cholesterol Control: cardiovascular	CMC100	< 0.25
Diabetes LDL Screening	DLDLSCR	<=0.30
Diabetes LDL Control	DLDL100	< 0.10
Diabetes - HbA1cTesting	HBASCR	<=0.25
Diabetes – HbA1c Poor Control	HBACON	< 0.10
Diabetes HbA1c Control <8.0%	HBAC8	<=0.10
Diabetes – Nephropathy Testing	NEPHSCR	none
Chlamydia Screening All Ages	CHLAMSCR	none
Childhood Immunizations	MMRVZV	none
Treat Upper Respiratory Illness	URI	none
Testing for Children with Pharyngitis	CWP	none
Monitoring Persistent Medications	MPMOV	< 0.55
Imaging Studies for Low Back Pain	LBP	none
Antibiotics for Acute Bronchitis	AAB	< 0.10

Appendix C

Adjusted Half Scale Rule Example

The adjusted half-scale rule calculates the mean of those items present, provided – in this example -- it is at least 5 of the 10 measures. That is, half of the scale needs to be present. To illustrate, suppose that we have a situation like this:

Table C Example of Half-Scale Rule

	Group 1	Group 2	All-Group Mean
Measure 1	77	73	75
Measure 2	49	41	45
Measure 3	Missing	81	85
Total Mean	63	65	68.3 = all item grand mean
Adjusted Half-Scale Rule Applied	71.3	65*	

*rule is not applied to groups with no missing data; this example illustrates if the rule was applied the result would be the same

With the unadjusted half-scale rule, we have a score for group 1 in 2 of 3 cases, so we calculate the mean of those. It is 63. Group 2 has all of the measurements; its mean score is 65. However, the evidence strongly suggests group 1 is doing a better job.

We can fix this problem by using an adjustment. We subtract the all-group mean from each measure first, and then average; and then add the average difference to the all item grand mean:

Group 1: Score = [(77-75) + (49-45)] / 2 + Mean of (75,45,85) = 3 + 68.3 = 71.3.
Group 2: Score = [(73-75) + (41-45) + (81-85)]/3 + Mean of (75,45,85) = -3.3+68.3 = 65

The rule that comes from this adjustment is the adjusted half-scale rule.